



CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Card Type (circle one): VISA      Mastercard      Discover      AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification # (back of card): \_\_\_\_\_

I have authorized Infinedi, LLC to charge the following to my credit card (check all that apply):

\_\_\_\_\_ One Time Process Only in the Amount of \$\_\_\_\_\_

\_\_\_\_\_ Automatic Payment of Monthly Invoice  
(credit card receipt will be mailed with monthly invoice)

I agree to be solely responsible for all charges stated in the Mutual Agreement (on a monthly basis if requested) made by Infinedi, LLC while a client. Charges will be immediately stopped when our contract with Infinedi, LLC is terminated.

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX TO: (918) 249-4460**